



Information You've Requested is Enclosed

Thank you for your interest in our Medicare Advantage plan, Mass Advantage.

Mass Advantage is a local Medicare Advantage plan, created for the residents of Worcester County. UMass Memorial Health providers helped design Mass Advantage to provide enhanced care coordination and streamlined access to the resources of UMass Memorial Health — the largest health care system in Central Massachusetts.



LOVE MY PLAN

Mass Advantage offers a choice of three plans, including HMO and PPO options with \$0 premium. All three plans provide benefits beyond the basic Medicare coverage. Mass Advantage's comprehensive coverage includes:

- Annual Physical Exam
- Annual Wellness Visit
- Prescription Drug Coverage
- Dental Services
- In Network Telehealth Visits
- Vision (including eyewear)
- Hearing Care (including hearing aids)
- Over-the-Counter ("OTC") Allowance
- Flex Card allowance to spend on any pre-approved categories
- and more



LOVE MY SERVICE

The **LOVE MY SERVICE** program is a dedicated team of Member Navigators — health plan specialists ready to assist you with all your Mass Advantage plan and care services.

- **Appointment Scheduling:** Member Navigators can book most primary care and specialty appointments so that you're in the office within 10 days or less from the day you call.

- **Getting the Most Out of Your Plan:** Member Navigators will answer your questions and fully explain your benefits, coverage and costs — all in just one call...with a real person!
- **Quick Access to Additional Services:** Health goes well beyond the doctor's office. Member Navigators will help connect you to helpful resources like city-based programs, arrange fully covered transportation for non-urgent care, and so much more.

MORE INFORMATION AND SUPPORT

Within you'll find more details and the information you need to decide on the right plan for you and get enrolled. If you'd like more, we're right here and pleased to be of further help. Please call us at 844-978-3921 (TTY: 711). We are available October 1 - March 31, 8:00 a.m. - 8:00 p.m. 7 days a week and April 1 - September 30, 8:00 a.m. - 8:00 p.m. Monday - Friday.

Thank you again for interest in Mass Advantage!

Sincerely,



Heather A. Trafton, MBA, PA-C
President

Enclosures

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal. Other providers and physicians are available in our network.

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Mass Advantage Plan Options Guide



MASS ADVANTAGE

Plan to love your plan.

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You Have Choices as a Medicare Beneficiary

If you have Medicare or will soon be eligible, you need to understand what it does and does not cover.

This brochure describes:

- Basic options for how your Medicare benefits will be delivered
- Your Medicare Advantage plan options with Mass Advantage

PART A

You can rely on Original Medicare (Parts A and B) alone to provide your coverage. However, it's important to know that Original Medicare covers only about 80 percent of most people's medical expenses and does not include prescription drug coverage.

PART B

You can rely on Original Medicare (Parts A and B) alone to provide your coverage. However, it's important to know that Original Medicare covers only about 80 percent of most people's medical expenses and does not include prescription drug coverage.

PART D

If you wanted prescription drug coverage, you'd have to buy a separate Medicare Part D drug plan.*

PART C

You can choose a Medicare Advantage plan (Medicare Part C) to provide all of the benefits you are entitled to under Medicare — plus extra benefits, which often INCLUDE Medicare Part D prescription drug coverage. Medicare Advantage plans are provided by companies with a Medicare contract. When you have a Medicare Advantage plan, you will not need to use your Medicare card to obtain medical services.

*** IMPORTANT:** If you're new to Medicare and you do not enroll for Part D prescription coverage when you first become eligible, you may be subject to a late-enrollment penalty. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage. Visit [medicare.gov](https://www.medicare.gov) for more details.

Parts of Original Medicare

Original Medicare consists of **Part A and Part B**.



Part A is Hospital Coverage.

Part A helps cover your inpatient care in hospitals, including critical access hospitals and long-term care hospitals. Most people automatically get Part A without having to pay a monthly premium.



Part B is Medical Coverage.

Part B helps cover medical services like doctors' services and outpatient care when they are medically necessary. Most Medicare beneficiaries pay a monthly premium for Part B coverage.

Optional Parts Of Medicare

Medicare Part C and Part D are important options that can help you pay some of the out-of-pocket costs not covered by Original Medicare.



Part C is also known as Medicare Advantage.

Medicare Advantage plans (Part C) include all of your Part A and Part B coverage, as well as extra benefits. For some Medicare Advantage plans, you pay a monthly premium.



Part D is prescription drug coverage.

Part D coverage is designed to help lower your prescription drug costs. Part D coverage is available in standalone plans or may be included with a Medicare Advantage plan.

The Advantage of Medicare Advantage

Medicare Advantage organizations (Part C) such as Mass Advantage have a contract with the federal government to provide all of your Medicare benefits in one simple plan.

When you enroll in a Medicare Advantage plan, you are still in Medicare, although you won't have to use your red, white and blue Medicare card to obtain services.



Your Medicare Advantage plan will provide all of your Part A (hospital) and Part B (medical) coverage and other medically necessary services.



Many Medicare Advantage plans include your Medicare Part D prescription drug coverage, as well as additional benefits.

Medicare Advantage plans are often an affordable option to help lower out-of-pocket costs.

HMO or PPO?

With Mass Advantage, you get the flexibility to choose an HMO or a PPO plan. With an HMO plan, you'll receive care from the Mass Advantage provider network including in-network providers in **FL & AZ** for snowbirds. With the PPO plan, In addition to our providers within the Mass Advantage provider network, you have the flexibility to use providers nationwide.

Whichever plan you choose, with a Mass Advantage plan, you'll get access to over 1,700 physicians and the resources and hospitals from UMass Memorial Health.

Introducing Mass Advantage

Mass Advantage is a local Medicare Advantage plan, created for the residents of Worcester County.

UMass Memorial Health providers helped design Mass Advantage to enhance care coordination and streamlined access to the resources of UMass Memorial Health – the largest health care system in Central Massachusetts.

- We offer local coverage with your choice of an HMO or PPO plan option. All plans include an additional network of providers in FL & AZ for snowbirds.
- Access to more than 1,700 providers and physicians in the region.
- Local hospitals:
 - UMass Memorial Medical Center – (Worcester)
 - UMass Memorial Health - HealthAlliance-Clinton Hospital (Fitchburg, Clinton & Leominster)
 - UMass Memorial Health – Marlborough Hospital (Marlborough)
 - UMass Memorial Health – Harrington Hospital (Southbridge)
 - Other providers and physicians are available in our network. For a complete listing of network providers, please visit us at MassAdvantage.com.
- With the PPO plan, In addition to our providers within the Mass Advantage provider network, you have the flexibility to use providers nationwide.
- Love My Service is a team of Member Navigators that can book most primary care and specialty appointments so that you're in the office within 10 days or less from the day you call.
- Access to UMass Memorial Health's innovative Hospital at Home program which allows certain clinically qualified members to receive high-touch, hospital-level care in the comfort of their own homes.

Plans & Benefits

Benefit	Mass Advantage Basic (HMO) \$0 Premium	Mass Advantage Plus (HMO) \$100 Premium	Mass Advantage Premiere (PPO) \$0 Premium In-Network/ Out-of-Network
Network	You obtain care from our providers within the Mass Advantage provider network including in-network providers in FL & AZ for snowbirds	You obtain care from our providers within the Mass Advantage provider network including in-network providers in FL & AZ for snowbirds	In addition to our providers within the Mass Advantage provider network, you have the flexibility to use providers nationwide
Annual Physical & Wellnes Exams	\$0 copay	\$0 copay	\$0 copay
Primary Care Physician (PCP) Visit	\$0 copay	\$0 copay	\$0/\$0 copay
Specialist Office Visit (in person or via Telehealth)	\$40 copay	\$20 copay	\$45 copay/\$65 Telehealth is not covered for OON
Maximum Out of Pocket (MOOP)	\$6,500	\$3,450	\$6,550/\$11,300 combined
Inpatient Hospital, Acute Admission	\$370 copay each day for days 1 to 5 \$0 copay per day for days 6-beyond	\$150 copay each day for days 1 to 5 \$0 copay per day for days 6-beyond	\$350 copay each day for days 1 to 5/35% \$0 copay per day for days 6-beyond
Outpatient Surgical Services (Ambulatory)	\$300 copay	\$150 copay	\$300 copay/40%
Emergency Services	\$90 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)
Urgent Care	\$10 copay	\$0 copay	\$40 copay
Ambulance	\$300 copay for each one-way Medicare-covered trip	\$200 copay for each one-way Medicare covered trip	\$275 copay for each one-way Medicare covered trip

This information is not a complete description of benefits. Please see the Summary of Benefits and the Evidence of Coverage for complete information.

Supplemental Benefits

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Dental Services	<ul style="list-style-type: none"> • \$0 copay for preventive services • No annual maximum for preventive dental services and procedures • \$1,000 annual comprehensive allowance • 50% coinsurance for comprehensive services • Must use in-network providers 	<ul style="list-style-type: none"> • \$0 copay for preventive services • No annual maximum for preventive dental services and procedures • \$1,500 annual comprehensive allowance • 20% coinsurance for comprehensive services • Must use in-network providers 	<ul style="list-style-type: none"> • \$0 copay for preventive services • No annual maximum for preventive dental services and procedures • \$2,000 annual comprehensive allowance • 20% coinsurance for comprehensive services
Eyewear Allowance	Up to \$200 allowance annually	Up to \$200 allowance annually	Up to \$200 allowance annually
Hearing Aid Coverage	<ul style="list-style-type: none"> • Fitting/Evaluation: \$0 copay • Entry: \$500 • Basic: \$675 • Prime: \$975 • Preferred: \$1,275 • Advanced: \$1,575 • Premium: \$1,975 	<ul style="list-style-type: none"> • Fitting/Evaluation: \$0 copay • Entry: \$500 • Basic: \$675 • Prime: \$975 • Preferred: \$1,275 • Advanced: \$1,575 • Premium: \$1,975 	<ul style="list-style-type: none"> • Fitting/Evaluation: \$0 copay • Entry: \$500 • Basic: \$675 • Prime: \$975 • Preferred: \$1,275 • Advanced: \$1,575 • Premium: \$1,975
Flex Card	\$300 annual allowance to use for: <ul style="list-style-type: none"> • Fitness (gyms, wearables, online memberships) • Weight management program • Nutritional/Dietary • Eyewear upgrades 	\$500 annual allowance to use for: <ul style="list-style-type: none"> • Fitness (gyms, wearables, online memberships) • Weight management program • Nutritional/Dietary • Eyewear upgrades 	\$150 annual allowance to use for: <ul style="list-style-type: none"> • Fitness (gyms, wearables, online memberships) • Weight management program • Nutritional/Dietary • Eyewear upgrades
Parking*	\$50 allowance with the Flex Card for qualifying members	\$50 Allowance with the Flex Card for qualifying members	No coverage
Over-the-Counter Allowance	Up to \$50 per quarter	Up to \$100 per quarter	Up to \$50 per quarter
Personal Emergency Response System	\$0 copay for device and monitoring	\$0 copay for device and monitoring	\$0 copay for device and monitoring
In-Home Support	12 hours Annually (via Elder Services of Worcester Area)	36 hours Annually (via Elder Services of Worcester Area)	No Coverage
Post Discharge Meal Services	14 days post discharge (28 meals)	14 days post discharge (28 meals)	No Coverage
Transportation Services	\$0 copay/ 12 one-way rides	\$0 copay/ 12 one-way rides	\$0 copay/ 6 one-way rides

*The parking benefit mentioned is part of special supplemental program for the chronically ill. Not all members qualify. This information is not a complete description of benefits. Please see the Summary of Benefits and the Evidence of Coverage for complete information

Prescription Drug Benefits

Coverage Limit	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Annual Prescription Drug Deductible	\$195 annual deductible for Tier 3, Tier 4, & Tier 5 Part D prescription drugs only	\$0 annual deductible for Part D prescription drugs only	\$250 annual deductible for Tier 3, Tier 4, & Tier 5 Part D prescription drugs only

Initial Coverage

After your yearly deductible, you pay the following until your total yearly drug costs paid by both you and Mass Advantage reach \$4,660 30/90 days

Tier 1 (Preferred Generic)	\$0/\$0 copay	\$0/\$0 copay	\$2/\$4 copay
Tier 2 (Generic)	\$4/\$8 copay	\$4/\$8 copay	\$6/\$12 copay
Tier 3 (Preferred Brand)	\$47/\$94 copay	\$47/\$94 copay	\$42/\$84 copay
Tier 4 (Non-Preferred Brand)	\$100/\$200 copay	\$100/\$200 copay	\$95/\$190 copay
Tier 5 (Specialty)	30% coinsurance Retail & Mail Order	33% coinsurance Retail & Mail Order	29% coinsurance Retail & Mail Order

Coverage Gap

You pay the following until you and your plan have paid a total of \$7,400 for covered Part D drugs.

Tier 1 (Preferred Generic)	\$0/\$0 copay	\$0/\$0 copay	\$2/\$4 copay
Tier 2 (Generic)	\$4/\$8 copay	\$4/\$8 copay	\$6/\$12 copay
Tier 3 (Preferred Brand)	While you are in the coverage gap: <ul style="list-style-type: none"> You pay 25% of the retail cost of the medications in Tier 3, Tier 4 & Tier 5 (plus a portion of the dispensing fee) for brand name drugs The pharmacy discount program will pay 75% of the medication cost. You will stay in the coverage gap until the pharmacy discount program reaches a combined total of \$7,400. 		
Tier 4 (Non-Preferred Brand)			
Tier 5 (Specialty)			

Catastrophic Coverage

You pay the following for the remainder of the calendar year.

Generic Drugs including Brand Name Drugs treated as Generic Drugs	Greater of 5% coinsurance or \$4.15 copayment
All Other Drugs	Greater of 5% coinsurance or \$10.35 copayment

This information is not a complete description of benefits. Please see the Summary of Benefits and the Evidence of Coverage for complete information. Different out of pocket cost may apply for people who have limited incomes, live in long term care facilities or have access to Indian/Tribal/Urban (Indian Health Services) providers.

And There Is More...

These innovations provided through UMass Memorial Health will have you saying **LOVE MY SERVICE**



APPOINTMENT SCHEDULING

Member Navigators can book most primary care and specialty appointments so that you're in the office within 10 days or less from the day you call.



GETTING THE MOST OUT OF YOUR PLAN

Member Navigators will answer your questions and fully explain your benefits, coverage and costs — all in just one call...with a real person!



QUICK ACCESS TO ADDITIONAL SERVICES

Health goes well beyond the doctor's office. Member Navigators will help connect you to helpful resources like city-based programs, arrange fully covered transportation for non-urgent care...and so much more.



HOSPITAL AT HOME

If you need hospitalization, you may be able to receive hospital-level care in your home through this innovative program from UMass Memorial Health.



EXCEPTIONAL CARE, CLOSE TO HOME

UMass Memorial Health is the clinical partner of the University of Massachusetts Medical School, with access to the latest technology, research, and clinical trials.

When Can I Enroll in Mass Advantage?

ANNUAL ENROLLMENT PERIOD

Except under special circumstances, Medicare beneficiaries may choose or change Part C or Part D plans each fall, from October 15 through December 7. This is the Annual Enrollment Period (AEP). The choices you make during the AEP take effect January 1 of the upcoming year.

HOW TO JOIN

1. Call toll free **(844) 978-3921** to enroll over the phone:
 - October 1 – March 31, 8:00 a.m. – 8:00 p.m., 7 days a week
 - April 1 – September 30, 8:00 a.m. – 8:00 p.m., Monday – Friday
2. Visit MassAdvantage.com to enroll online
3. Complete an enrollment form today



Enrollment Period
BEGINS



Enrollment Period
ENDS

When Can I Enroll in a Mass Advantage Plan?

You may join a **Mass Advantage** plan at other times of the year, under certain circumstances.

INITIAL ENROLLMENT PERIOD



You may enroll in a Medicare Advantage or a Part D prescription drug plan 3 months before the month you turn 65. Your Initial Enrollment Period lasts for 7 months: starting and ending 3 months after the month you turn 65.

OTHER SPECIAL ENROLLMENT PERIODS

- If you qualify for Extra Help paying for Medicare prescription drug coverage
- If your current plan is terminated
- If you move to a community not serviced by your current plan



YOUR 65TH BIRTHDAY MONTH



3 MONTHS

before the month
you turn 65

3 MONTHS

after the month
you turn 65



After You Enroll

- 1.** Your authorized sales representative will submit your enrollment request to Mass Advantage, who will submit to the Centers for Medicare and Medicaid Services (CMS).
- 2.** Within 15 days, Mass Advantage will contact you to confirm the details of your plan selection.
- 3.** In about 10 days, you will receive your enrollment confirmation letter from Mass Advantage in the mail.
- 4.** In a separate mailing from Mass Advantage, you will receive a welcome kit with:
 - Plan benefit information
 - Your member ID card

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Mass Advantage Plan Options Guide



MASS ADVANTAGE

Plan to love your plan.

For more information, call toll free 844-978-3921 (TTY: 711)
October 1 - March 31, 8:00 a.m. - 8:00 p.m. 7 days a week
April 1 - September 30, 8:00 a.m. - 8:00 p.m. Monday - Friday
or visit [MassAdvantage.com](https://www.MassAdvantage.com).



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Access to the health care providers you trust at





MASS ADVANTAGE

Plan to love your plan.

YOUR DENTAL BENEFIT

DentaQuest[®]

Preventive cleanings and services help keep tabs on your dental health. They are also a great way to make the most of your dental benefit.

Our network includes:

- Choose from over 200 dentists in Worcester County
- Specialists available including oral surgeons
- Dentists also available in surrounding counties
- Out-of-network coverage for Mass Advantage Premier PPO members

Over 

YOUR DENTAL BENEFIT



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Plan to love your plan.

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-Network/Out-of- Network
<ul style="list-style-type: none"> • \$0 copay for preventive services • No annual maximum for preventive dental services and procedures • \$1,000 annual comprehensive allowance • 50% coinsurance for comprehensive services • Must use in-network providers 	<ul style="list-style-type: none"> • \$0 copay for preventive services • No annual maximum for preventive dental services and procedures • \$1,500 annual comprehensive allowance • 20% coinsurance for comprehensive services • Must use in-network providers 	<ul style="list-style-type: none"> • \$0 copay for preventive services • No annual maximum for preventive dental services and procedures • \$2,000 annual comprehensive allowance • 20% coinsurance for comprehensive service in network • 20% coinsurance for any out-of-network preventative and comprehensive dental services

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
 April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
 or visit [MassAdvantage.com](https://www.massadvantage.com). Click [here](#) to find a DentaQuest Provider.

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.



MASS ADVANTAGE

Plan to love your plan.



OUR FLEX CARD SERVICES

nations benefits

Mass Advantage offers our members a preloaded Flex Card which can be used for several benefits:

- To off-set eyewear upgrade costs
- Fitness (memberships, equipment, wearables etc)
- Weight management (membership and programs)
- Nutritional/Dietary programs and services

Over



OUR FLEX CARD SERVICES



All Mass Advantage plans offer a Flex Card benefit. The Flex Card comes preloaded with an annual allowance to help you pay for a variety of benefits that help you stay healthy. Members can use part of the allowance to pay for a gym membership and part of the allowance towards eyewear upgrades among other benefits. Mass Advantage lets you decide how you want to spend your allowance.

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Flex Card	\$300 annual allowance for: <ul style="list-style-type: none"> • Fitness (programs, memberships, wearables) • Weight management programs and services • Nutritional/Dietary membership and programs • Eyewear upgrades 	\$500 annual allowance for: <ul style="list-style-type: none"> • Fitness (programs, memberships, wearables) • Weight management programs and services • Nutritional/Dietary membership and programs • Eyewear upgrades 	\$150 annual allowance for: <ul style="list-style-type: none"> • Fitness (programs, memberships, wearables) • Weight management programs and services • Nutritional/Dietary membership and programs • Eyewear upgrades
Parking*	Additional \$50 allowance with the Flex Card for qualifying members	Additional \$50 allowance with the Flex Card for qualifying members	No coverage

*The parking benefit mentioned is part of special supplemental program for the chronically ill. Not all members qualify.

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

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 April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
 or visit [MassAdvantage.com](https://www.massadvantage.com).

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MASS ADVANTAGE

Plan to love your plan.

YOUR CHARIOT AWAITS

roundtrip

Every day, 10,000 patients miss or delay care due to transportation issues. Mass Advantage has partnered with Roundtrip to provide members with non-emergency medical transportation such as rideshare, medical sedans, wheelchair vans, and stretcher vans.

Over



TRANSPORTATION BENEFIT



Mass Advantage is partnering with Roundtrip to offer all members non-emergency transportation to and from medical appointments. This will help avoid missed appointments and preventable healthcare emergencies. Members can:

- Call a Mass Advantage Member Navigator to book a ride
- Receive text or call reminders about their transportation for upcoming appointments

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
\$0 copay 12 individual* rides	\$0 copay 12 individual* rides	\$0 copay 6 individual* rides

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

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April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit [MassAdvantage.com](https://www.massadvantage.com).

*A roundtrip to and from an appointment counts as two individual rides. Trips over 50 miles will require prior authorization.

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MASS ADVANTAGE

Plan to love your plan.

OVER-THE-COUNTER BENEFIT

A Benefit at NO COST TO YOU!

As a member of Mass Advantage, you have an Over-the-Counter (OTC) benefit every quarter. This benefit allows you to get OTC products you may need.

Over →

OVER-THE-COUNTER BENEFIT



MASS ADVANTAGE
Plan to love your plan.

A brief sample of your available over-the-counter products:

- **Allergy** – Allergy Tablets, Nasal Spray
- **First Aid** – Hydrogen Peroxide, Adhesive Bandages
- **Bathroom Safety & Fall Prevention** – Non-Skid Bath Mat, Handheld Shower Head
- **Incontinence Supplies** – Disposable Underwear, Underpads
- **Dental & Denture Care** – Pepsodent Toothpaste, Denture Brush
- **Pain Relievers & Fever Reducers** – Acetaminophen, Ibuprofen
- **Diabetes Care** – Diabetic Socks, Glucose Tablets
- **Skin & Sun Care** – Hand Sanitizer, Sunscreen Lotion
- **Diagnostics** – Covid Test, Thermometer, Blood Pressure Monitor
- **Supports & Braces** – Back Support Elastic, Carpal Tunnel Brace
- **Eye & Ear Care** – Artificial Tears Drops, Cotton Tipped Swabs)
- **Vitamins & Minerals** – Multivitamin, Folic Acid

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
		In-Network/ Out-of-Network
Up to \$50 per quarter	Up to \$100 per quarter	Up to \$50 per quarter



Simply order online at [MassAdvantageOTC.com](https://www.massadvantageotc.com), use the mobile app, call Monday - Friday from 8:00 a.m.- 11:00 p.m. EST **(855)-243-1180 (TTY: 711)**. You may place your order by mailing in the order form to the OTC Servicing Center, PO Box 526266, Miami, FL 33152-9819.



MASS ADVANTAGE

Plan to love your plan.



OUR ELDER SERVICES BENEFIT



The Mass Advantage Basic HMO and Plus HMO plans are working with Elder Services of Worcester Area, a nonprofit aging services access point, to provide additional supports to eligible members, empowering them to remain at home safely.

Over 

OUR ELDER SERVICES BENEFIT



Benefits Include:

Mass Advantage Basic HMO and Plus HMO plan members have access to the following benefits:

- Homemaking
- Companion Care
- Medication Dispensing
- Technical Support
- Local Transportation Needs
- Meals on Wheels

Eligibility:

Members must be enrolled in Mass Advantage Basic HMO or Mass Advantage Plus HMO plan.

For the Meals on Wheels benefit, upon discharge, the Mass Advantage team will authorize and coordinate each member's meal benefit if the criteria to receive these meals is met. Those eligible for the benefit include postdischarge from an inpatient stay of 3 days or greater. Prior Authorization of services is required.

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-network/ Out-of-network
In-Home Support	12 hours Annually (via Elder Services of Worcester Area)	36 hours Annually (via Elder Services of Worcester Area)	No Coverage
Post Discharge Meal Services	14 days post discharge (28 meals)	14 days post discharge (28 meals)	No Coverage

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

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MASS ADVANTAGE

Plan to love your plan.

YOUR VISION BENEFIT

EyeQuest[®]

A product of DentaQuest

Whether you wear eyeglasses or contacts now or you have no current vision problems, regular eye exams are as important as a regular physical exam. Changes in your eyes and vision can occur, and the sooner you know about any changes and receive treatment, the better you will be able to deal with the situation.

Your no-cost annual eye exam can help identify many health conditions such as cataracts, glaucoma and more.

Over



YOUR VISION BENEFIT



Annual eye care is essential to your health and well-being.

All Mass Advantage plans offer coverage for routine eye exams and an annual allowance towards eyeglasses or contact lenses starting day 1.

Upgrading options or specialty lenses are available, if they cost more than the allowance, you will pay the difference.

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-Network/ Out-of-Network
<ul style="list-style-type: none">• \$0 copay, 1 per year• Up to \$200 allowance annually	<ul style="list-style-type: none">• \$0 copay, 1 per year• Up to \$200 allowance annually	<ul style="list-style-type: none">• \$0/\$65 copay, 1 per year• Up to \$200 allowance annually

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

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April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday

or visit [MassAdvantage.com](https://www.massadvantage.com). Click [here](#) to find a EyeQuest provider.

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MASS ADVANTAGE

Plan to love your plan.

HEARING BENEFIT

nations benefits

Hearing impairment can impact almost every aspect of a person's life. Studies have linked untreated hearing loss to conditions like diabetes, dizziness, falls, strained relationships, and compromised safety.¹ That's why providers in our network work with members to select hearing aids that meet their lifestyle needs.

Over 

HEARING BENEFIT



MASS ADVANTAGE
Plan to love your plan.

Hearing technology has improved over the years. Today's hearing aids have features designed for comfort and convenience. Mass Advantage gives our members the tools they need to manage their hearing health including:

- An annual hearing test
- Our promise to members to work with the latest technology from all major manufacturers.
- Quality care from a local hearing aid provider
- Convenient ways to take a hearing test
- 60-day, 100% money-back guarantee
- Three-year manufacturers' warranty
- Three follow-up visits to ensure complete satisfaction²
- Three years of batteries included³

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO) In-network/Out-of-network
<ul style="list-style-type: none"> • \$0 copay, 1 hearing test per year • 6 hearing aid options available: ranging from \$500 - \$1,975 copay per hearing aid • Limit 2 aids per year - 1 per ear 	<ul style="list-style-type: none"> • \$0 copay, 1 hearing test per year • 6 hearing aid options available: ranging from \$500 - \$1,975 copay per hearing aid • Limit 2 aids per year - 1 per ear 	<ul style="list-style-type: none"> • \$0/\$65 copay, 1 hearing test per year • 6 hearing aid options available: ranging from \$500 - \$1,975 copay per hearing aid • Limit 2 aids per year - 1 per ear

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
 April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
 or visit MassAdvantage.com.

¹"Hearing Loss: A Common Problem for Older Adults." National Institute on Aging, U.S. Department of Health and Human Services, www.nia.nih.gov/health/hearing-loss-common-problem-older-adults. ²Within the first year of fitting date. ³Not applicable to the purchase of rechargeable hearing aid models.

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.



MASS ADVANTAGE

Plan to love your plan.

THE HELP MEMBERS DESERVE

Personal Medical Alert System

nations benefits

Mass Advantage members have access to a personal medical alert system, in partnership with Nations Benefits. Members will receive around-the-clock monitoring for greater peace of mind, independence, and safety. Medical alert systems provide members with help at the push of a button. Nations Benefits offers no cost medical alert systems for every lifestyle and plan option.

Over 

THE HELP MEMBERS DESERVE



Nations Benefits offers exceptional service which includes:

- Landline medical alert systems that do not require 4G service.
- Trained monitoring professionals who are trained to care for members' needs and health-related concerns.
- The ability for an alert to be sent to an ADT monitoring agent who can arrange for help and contact loved ones on their behalf.
- A person's normal speaking voice can alert the monitoring center in case of an emergency within 75 feet of a medical alert system.
- 24/7/365 monitoring services.

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
\$0 copay for device & monitoring	\$0 copay for device & monitoring	\$0 copay for device & monitoring

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit [MassAdvantage.com](https://www.massadvantage.com).

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MASS ADVANTAGE

Plan to love your plan.



OUR BENEFITS FOR MEMBERS WITH DIABETES

Mass Advantage offers:

- Low cost insulin* - **\$35 copay** for 1 month supply
- Full coverage for diabetic supplies** including \$0 copays for continuous glucose monitors and blood glucose test strips, as well as therapeutic shoes and inserts

Over 

OUR BENEFITS FOR MEMBERS WITH DIABETES



MASS ADVANTAGE
Plan to love your plan.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. In addition to low cost insulin coverage, Mass Advantage offers free coverage for diabetic testing supplies** and equipment including \$0 copays for continuous glucose monitors.

Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
		In-network/Out-of-network
<ul style="list-style-type: none"> • \$35 copay - one month supply of insulin • \$0 copay for testing and monitoring supplies • \$0 copay therapeutic shoes/inserts • \$0 self-management training 	<ul style="list-style-type: none"> • \$35 copay - one month supply of insulin • \$0 copay for testing and monitoring supplies • \$0 copay therapeutic shoes/inserts • \$0 self-management training 	<ul style="list-style-type: none"> • \$35 copay - one month supply of insulin • \$0 copay for testing and monitoring supplies • \$0 copay therapeutic shoes/inserts • \$0 self-management training
		<p>Out-of-network</p> <ul style="list-style-type: none"> • 40% copay for testing and monitoring supplies • 40% copay therapeutic shoes/inserts • \$0 self-management training

Contact us at (844) 918-0114 HMO or (844) 915-0234 PPO

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week,
April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday
or visit [MassAdvantage.com](https://www.massadvantage.com).

*Low cost Insulin coverage as defined in the 2022 Inflation Reduction Act. **Free coverage for diabetic testing supplies and equipment are from preferred in-network vendors.

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.



MASS ADVANTAGE

Plan to love your plan.

Innovative Programs

Provided through UMass Memorial Health

Mass Advantage gives you in-network access to the doctors, hospitals, and other providers of UMass Memorial Health, the largest health care provider in Central Massachusetts. Plus, a dedicated **Member Navigation team** to make it easy for you to receive the support you need when you need it.

- Member Navigators can book most UMass Memorial Health primary care and specialty appointments so that you're in the office **within 10 days or less** from the day you call.
- And more...

Over 

All the Reasons

Why you'll say "Love My Service".



MASS ADVANTAGE
Plan to love your plan.

Need an appointment?

Get help when you need it. Dedicated **Member Navigators** can book most primary care and specialty appointments so that you're in the office within **10 days or less** from the day you call.

Need Additional Services?

Health goes well beyond the doctor's office. Member Navigators will help connect you to helpful resources like city-based programs, and arrange fully covered transportation for non-urgent care.

Member Navigators also work together with healthcare provider offices to ensure care stays coordinated and focused on you, the member.

If you ever need it, you may be eligible for hospital-level care at home.

If you require hospital-level care, you may be able to receive it in your own home, through UMass Memorial Health's Hospital at Home program.

And many additional healthcare services are available through UMass Memorial Health:

- High quality and state-of-the-art outpatient surgery services at The Surgery Center in Shrewsbury.
- Home health and hospice services, comprehensive behavioral health programs, and hundreds of community-based UMass Memorial doctors.
- Acclaimed specialists in heart and vascular care, orthopedics, cancer, diabetes, women's services, and more.
- Care recognized by *US News & World Report* as high performing in colon cancer surgery, stroke and lung cancer surgery, aortic valve surgery, heart bypass surgery, and heart failure.
- Care recognized by Healthgrades with the Cardiac Surgery Excellence Award™ (2022).

To request more information or to enroll today, call 844-416-1048 (TTY: 711)

October 1 – March 31, 8:00 a.m. – 8:00 p.m. 7 days a week

April 1 – September 30, 8:00 a.m. – 8:00 p.m. Monday – Friday

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal. Other providers and physicians are available in our network.

Access to the health care providers you trust at





Mass Advantage Utilization Management (UM)

Our UM Program has several parts. These include but are not limited to:

- Preauthorization for various procedures, medical services, treatments, prescription drugs and DME.
- Review of the appropriateness of inpatient admissions.
- Prior approval for referrals to non-participating health care providers, if applicable.
- Case management.
- Preservice review- or authorization of services requested before they have been performed.
- Appeals – a formal way of asking us to review and change a coverage decision we have made.
- Concurrent Review of ongoing inpatient and home health coverage.
- Post service review or authorization of services requested after they have been performed.

Our goal is to encourage the highest quality of care in the right place at the right time from the right health care provider.

Health care providers cooperate with our UM Program and your role as a member is to allow us access to data and allow us to collect data to conduct UM reviews and decisions.

The Utilization Management (UM) Program is a component of the Clinical Operations Department and monitors both access and quality of care using nationally recognized, evidence – based standards of care across the Medicare lines of business. All requests are assessed based on medical necessity and appropriateness of services using a hierarchy of medical evidence that includes nationally recognized criteria, such as MCG® Guidelines, the Centers for Medicare and Medicaid Services’ (CMS) definition of medical necessity and CMS National and Local Coverage Determinations, and Magellan coverage guidelines, when authorizing the delivery of healthcare services to members.

Filing an Appeal: If we make a coverage decision and you are not satisfied with this decision, you can “appeal” the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made.

When you appeal a decision for the first time, this is called a Level 1 Appeal and it must be submitted in writing. In this appeal, we review the coverage decision we made to check to see if we were following all the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we will send you our decision in writing.

If we say no to all or part of your Level 1 Appeal, you can go on to a Level 2 Appeal. The Level 2 Appeal is conducted by an Independent Review Organization that is not connected to us. (In some situations, your case will be automatically sent to the Independent Review Organization for a Level 2 Appeal. In other situations, you will need to ask for a Level 2 Appeal.) If you are not satisfied with the decision at the Level 2 Appeal, you may be able to continue through additional levels of appeal.

Members and Prospects can find more information about Utilization Management or how to file an appeal by contacting us at (844) 614-0745 TTY: 711. Our office hours are Sunday through Saturday, 8:00 a.m. to 8:00 p.m. EST for October 1 through March 31 and Monday through Friday, 8:00 a.m. to 8:00 p.m. EST for April 1 through September 30. Or visit us at MassAdvantage.com.

Mass Advantage Enrollment Form



OMB No. 0938-1378
Expires: 7/31/2024

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15 – December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium (if applicable). You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to: Mass Advantage, PO Box 830059, Birmingham, AL 35283. Once we process your request to join, they'll contact you.

How do I get help with this form?

Call Mass Advantage at 844-513-0531 to enroll over the phone. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE / 1-800-633-4227. TTY users can call 1-877-486-2048.

En español: Lllame a Mass Advantage 844-513-0531. TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estara disponible para asistirle.

Individuals experiencing homelessness.

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

1 All fields on this page are required (unless marked optional)

Select the plan you want to join:

- Mass Advantage Basic (HMO) - \$0 per month
- Mass Advantage Plus (HMO) - \$100 per month
- Mass Advantage Premiere (PPO) - \$0 per month

Please enter your information as it appears on your Medicare card

First Name	Last Name	Middle Initial <i>(Optional)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Birth Date <i>(mm/dd/yyyy)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number	Alternate Phone Number <i>(Optional)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Residence street address *(Don't enter a PO Box)*

City	County <i>(Optional)</i>	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing address, if different from your permanent address *(PO Box allowed)*

City	County <i>(Optional)</i>	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Medicare information

Medicare Number

List your Primary Care Physician (PCP), Clinic, or Health Center: *(Optional)*

Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay the Part-D IRMAA to Mass Advantage.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 844-513-0531. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

- Get a bill
- Electronic Funds Transfer (EFT) from your bank account each month.
- Account Holder Name: _____
- Bank Routing Number: _____
- Bank Account Number: _____
- Account Type: Checking Savings
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check
- I get monthly benefits from: Social Security RRB
-

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Answer these important questions.

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Mass Advantage? Yes No

Name of other coverage

Member number for this coverage

Group number for this coverage

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on *(insert date)*: _____
- I recently was released from incarceration. I was released on *(insert date)*: _____
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on *(insert date)*: _____
- I recently obtained lawful presence status in the United States. I got this status on *(insert date)*: _____
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on *(insert date)*: _____
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on *(insert date)*: _____

- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on *(insert date)*: _____
- I recently left a PACE program on *(insert date)*: _____
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on *(insert date)*: _____
- I am leaving employer or union coverage on *(insert date)*: _____
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on *(insert date)*: _____
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on *(insert date)*: _____
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
- I was enrolled in a plan that is experiencing financial difficulties to such an extent that a State or territorial regulatory authority has placed the organization in receivership.
- I was enrolled in a plan identified with the low performing icon (LPI).

If none of these statements applies to you or you're not sure, please contact Mass Advantage at 844-513-0531 (TTY users 711) to see if you are eligible to enroll. Our office hours are Sunday through Saturday, 8:00 a.m. to 8:00 p.m. EST for October 1 through March 31 and Monday through Friday, 8:00 a.m. to 8:00 p.m. EST for April 1 through September 30. TTY users can call 711.

2 All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican-American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> I choose not to answer |

What's your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> I choose not to answer |

Select one if you want us to send you information in a language other than English.

- Spanish

Select one if you want us to send you information in an accessible format.

- Braille Large print Audio CD

Please contact Mass Advantage Basic (HMO) at 844-918-0114, Mass Advantage Plus (HMO) at 844-918-0114 or Mass Advantage Premiere (PPO) at 844-915-0234 if you need information in an accessible format other than what's listed above. Our office hours are Sunday through Saturday, 8:00 a.m. to 8:00 p.m. EST for October 1 through March 31 and Monday through Friday, 8:00 a.m. to 8:00 p.m. EST for April 1 through September 30. TTY users can call 711.

Do you work? Yes No

Does your spouse work? Yes No

I would like to receive communications from Mass Advantage via email

Email Address

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **IMPORTANT** Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on page 1 to send your completed form to the plan.

Agent Use Only

Agency *(if applicable)*

Agent First Name

NPN

Agent Last Name

Agent Received Date

Requested Plan Effective Date *(Optional)*

___ / ___ / ___ (mm/dd/yyyy)

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Mass Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that Mass Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement on page 8).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Mass Advantage coverage begins, I must get all of my medical and prescription drug benefits from Mass Advantage. Benefits and services provided by Mass Advantage and contained in my Mass Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Mass Advantage will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

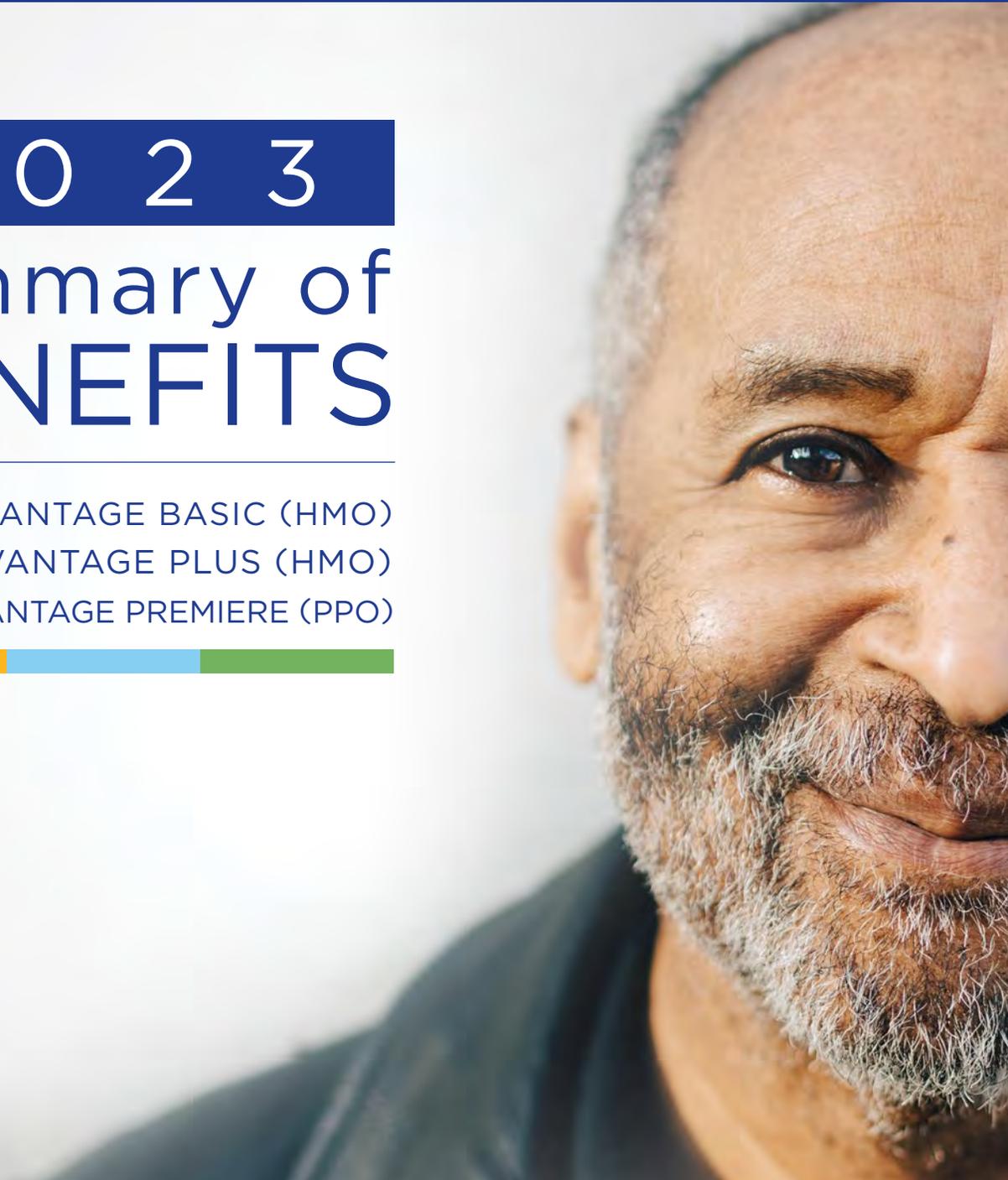
If you're the authorized representative, sign below and fill out these fields:

Signature	Today's Date
<input type="text"/>	<input type="text"/>
Name	Address
<input type="text"/>	<input type="text"/>
Phone Number	Relationship to Enrollee
<input type="text"/>	<input type="text"/>

2 0 2 3

Summary of BENEFITS

MASS ADVANTAGE BASIC (HMO)
MASS ADVANTAGE PLUS (HMO)
MASS ADVANTAGE PREMIERE (PPO)



MASS **ADVANTAGE**



2023 Summary of Benefits

Mass Advantage Basic (HMO)
H7670 001

January 1, 2023 – December 31, 2023

H7670_23630_M Accepted

INTRODUCTION TO SUMMARY OF BENEFITS

This booklet provides you with a summary of what we cover and the cost-sharing responsibilities. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at the number listed on the last page and ask for the "Evidence of Coverage" (EOC), or you may access the EOC on our website at www.MassAdvantage.com.

You are eligible to enroll in Mass Advantage if:

- You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
- You must be a United States citizen or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Mass Advantage service area counties). Our service area includes the following counties in Massachusetts: Worcester.

The Mass Advantage Basic (HMO) plan gives you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit www.MassAdvantage.com. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-network providers, neither Medicare nor Mass Advantage Basic (HMO) plan will be responsible for the costs).

This Mass Advantage Basic (HMO) plan also includes Part D coverage, which provides you with the ease of having both your medical and prescription drug needs coordinated through a single convenient source. You can access information about how the coverage works, including covered drugs as well as coverage limitations on our website at www.MassAdvantage.com.

Mass Advantage Basic (HMO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Medical Deductible	This plan does not have a deductible.
Pharmacy (Part D) Deductible	\$195 deductible for Tiers 3, 4 and 5
Maximum Out-of-Pocket Responsibility	\$6,500 for services you receive from in-network providers This is the most you will pay for copays, coinsurance, and other costs for Medicare-covered medical services, supplies, and Part B-covered medication for the plan year. What you pay out-of-pocket for Part D prescription drugs and certain supplemental benefits (dental, hearing aids) do not apply to this amount. Please refer to the Evidence of Coverage for more information.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Coverage*	Days 1-5: \$370 copay per day Days 6 and beyond: \$0 copay per day
Outpatient Hospital Coverage*	Outpatient Hospital: \$300 copay per stay Observation Services: \$350 copay per stay
Ambulatory Surgical Center*	\$300 copay per visit
Doctor Visits*	Primary Care: \$0 copay per visit Specialist: \$40 copay per visit
Preventive Care	There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.
Emergency Care	\$90 copay per visit If you are admitted to the hospital within 24 hours, you do not have to pay your emergency care copay. Worldwide Emergency Coverage: \$90 copay per visit

Mass Advantage Basic (HMO)

Urgently Needed Services	\$10 copay per visit
Diagnostic Services/ Labs/Imaging*	Lab services: \$0 copay Diagnostic tests and procedures: \$20 copay Outpatient X-ray services: \$0 copay Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$250 copay
Hearing Services	Routine and Hearing Aids services outlined below must be received from a NationsBenefits Hearing Health Care provider. <ul style="list-style-type: none"> • Routine hearing exam: \$0 copay (1 every calendar year) • Entry Hearing Aids: \$500 per hearing aid • Basic Hearing Aids: \$675 per hearing aid • Prime Hearing Aids: \$975 per hearing aid • Preferred Hearing Aids: \$1,275 per hearing aid • Advanced Hearing Aids: \$1,575 per hearing aid • Premium Hearing Aids: \$1,975 per hearing aid Limit of two hearing aids per calendar year (one per ear). Medicare-covered Hearing care: \$40 copay for each Medicare-covered hearing care service if required for another medical procedure and deemed medically necessary by a physician.
Dental Services*	Preventive and Comprehensive dental services outlined below must be received from a DentaQuest provider. <p>Preventive dental services include the following: \$0 copay</p> <ul style="list-style-type: none"> • Oral exam (2 per calendar year) • Cleaning (2 per calendar year) • Fluoride treatment (2 per calendar year) • Dental X-rays (1 set per calendar year) <ul style="list-style-type: none"> ○ One vertical bitewing imaging, and one panoramic imaging is covered once every 36 months ○ Intraoral occlusal imaging is covered twice every 24 months

Mass Advantage Basic (HMO)

	<ul style="list-style-type: none">○ Intraoral-complete series is covered once every 36 months● Comprehensive Oral exam is covered once every 36 months <p>Comprehensive dental services include the following: 50% coinsurance for each service outlined below</p> <ul style="list-style-type: none">● Diagnostic services (1 per calendar year)● Restorative services (1 every two years)● Endodontics*● Periodontics (1 visit every three years)● Extractions*● Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services* <p>*You should review your EOC for additional details and coverage limits.</p> <p>There is a maximum allowance of \$1,000 each calendar year for comprehensive dental services. You are responsible for amounts beyond the benefit limit.</p> <p>Medicare-covered Dental Care: \$40 copay for each Medicare-covered dental care service if required for another medical procedure and deemed medically necessary by a physician.</p>
Vision Services	<p>Routine and vision services outlined below must be received by an EyeQuest provider.</p> <ul style="list-style-type: none">● Routine eye exam: \$0 copay per visit (1 every calendar year)● \$200 allowance every calendar year to use towards the purchase of contact lenses, eyeglass lenses, and eyeglass frames. <p>Medicare-covered Vision Care: \$40 copay for each Medicare-covered eye exam related to the diagnosis and treatment of diseases and conditions of the eye.</p>

Mass Advantage Basic (HMO)

Mental Health Services*	<p>Outpatient group therapy: \$25 copay per visit</p> <p>Outpatient individual therapy: \$25 copay per visit</p> <p>Inpatient Mental Health Care:</p> <ul style="list-style-type: none"> • Days 1-5: \$370 per day • Days 6-90: \$0 per day
Skilled Nursing Facility (SNF)*	<p>Days 1-20: \$0 copay per day</p> <p>Days 21-51: \$196 copay per day</p> <p>Days 52-100: \$0 copay per day</p>
Outpatient Rehabilitation*	<p>Occupational therapy: \$20 copay per visit</p> <p>Speech and language therapy: \$10 copay per visit</p> <p>Physical therapy: \$10 copay per visit</p>
Ambulance*	<p>Ground Ambulance: \$300 copay (per one-way trip)</p> <p>Air Ambulance: \$300 copay (per one-way trip)</p> <p>If you are admitted to the hospital, you do not have to pay your ambulance services copay.</p>
Transportation*	<p>\$0 copay for 12 one-way rides per year for plan approved health-related locations.</p> <p>Members can use taxi, ridesharing, and medical transportation services under this benefit.</p>
Medicare Part B Drugs*	<p>Chemotherapy drugs: 20% coinsurance</p> <p>Other Part B drugs: 20% coinsurance</p>

Services with an * (asterisk) may require a referral and/or prior authorization from your doctor.

Mass Advantage Basic (HMO)

PART D PRESCRIPTION DRUGS

Deductible Stage

\$195 deductible for Tiers 3, 4 and 5**

**Select Insulins: Cost-sharing is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit, and only apply to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.

Part D Vaccines: Cost-sharing of \$0 is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit

Initial Coverage Stage

You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$4 copay	\$8 copay
Tier 3 (Preferred Brand)	\$47 copay Select Insulins: \$35** Part D Vaccines: \$0	\$94 copay Select Insulins: \$70**
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay
Tier 5 (Specialty)	30% coinsurance	30% coinsurance

Standard Mail Order

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$4 copay	\$8 copay
Tier 3 (Preferred Brand)	\$47 copay Select Insulins: \$35**	\$94 copay Select Insulins: \$70**
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay
Tier 5 (Specialty)	30% coinsurance	30% coinsurance

Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy.

Mass Advantage Basic (HMO)

	<p>**Select Insulins: Cost-sharing is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit, and only apply to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.</p> <p>Part D Vaccines: Cost-sharing of \$0 is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit</p>
<p>Coverage Gap Stage</p>	<p>You will continue to pay the Tier 1 and Tier 2 copay for drugs while in the coverage gap stage.</p> <p>For Tiers 3, 4, and 5 drugs: After you enter the coverage gap stage, you pay 25% of the plan's cost for covered brand name drugs (plus a portion of the dispensing fee) and 25% of the plan's cost for covered generic drugs until your costs total \$7,400 which is the end of the coverage gap.</p> <p>**Select Insulins: Cost-sharing is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit, and only applies to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.</p> <p>Part D Vaccines: Cost-sharing of \$0 is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit</p>
<p>Catastrophic Stage</p>	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs, or • 5% of the cost

Mass Advantage Basic (HMO)

ADDITIONAL BENEFITS

Over-the-Counter (OTC) Items	<p>You have \$50 every quarter to spend on plan approved OTC items. OTC items must be ordered through Convey Health Solutions.</p> <p>You are allowed to order once per quarter. Any unused money will carry over to the next quarter but will not carry over to the next benefit year.</p> <p>Please visit www.MassAdvantage.com to see the list of covered over-the-counter items.</p>
Chiropractic Care	Chiropractic Care (Medicare-covered): \$20 copay per visit
Telehealth Services	<p>Primary Care Visits: \$0 copay per visit</p> <p>Specialist Visits: \$40 copay per visit</p> <p>Individual Sessions for Mental Health Specialty Services: \$0</p> <p>Individual Sessions for Outpatient Substance Abuse: \$0</p>
Medical Equipment/Supplies*	<p>Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance</p> <p>Prosthetics (e.g., braces, artificial limbs): 20% coinsurance</p> <p>Diabetic supplies:</p> <ul style="list-style-type: none">• 0% coinsurance for Medicare-covered diabetic glucometer and supplies from a preferred manufacturer (Abbott and Lifescan)• 0% coinsurance for Medicare-covered therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease.

Mass Advantage Basic (HMO)

Flex Card

Flex Card: \$300 every year

The flex card is available to members to pay for:

- Eyewear
- Fitness benefits
- Weight management programs and services
- Nutritional / dietary benefits
- Parking: for qualified members with certain Chronic Conditions (SSBCI) there is an extra \$50 for parking

The flex card is preloaded with the full benefit amount and members choose where to use it. Members may pay a portion or the full cost of an item or buy a combination of items up to the allotted limit.

Flex card is not eligible for cost sharing for covered benefits.

The parking benefit mentioned above is part of a special supplemental program for the chronically ill. Not all members qualify.

Services with an * (asterisk) may require a referral and/or prior authorization from your doctor.

For more information, please contact:

Mass Advantage
PO Box 830059
Birmingham AL 35283
www.MassAdvantage.com

This document is available in Spanish and in other formats such as large print, braille, audio, or other alternate formats.

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.

Current members should call: 1-844-918-0114 (TTY: 711)

Prospective members should call: 1-844-514-0674 (TTY: 711)

Calls to these numbers are free. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. EST. A messaging system is used after hours, weekends and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. For more information, call 1-844-918-0114 (TTY: 711).

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-918-0114. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-918-0114. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-918-0114。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-918-0114。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-918-0114. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-918-0114. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-918-0114 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-918-0114. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-918-0114 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-918-0114. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-918-0114**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-918-0114 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-918-0114. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-918-0114. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-918-0114. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-918-0114. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-918-0114** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



2023 Summary of Benefits

Mass Advantage Plus (HMO)
H7670 002

January 1, 2023 – December 31, 2023

H7670_23631_M Accepted

INTRODUCTION TO SUMMARY OF BENEFITS

This booklet provides you with a summary of what we cover and the cost-sharing responsibilities. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at the number listed on the last page and ask for the "Evidence of Coverage" (EOC), or you may access the EOC on our website at www.MassAdvantage.com.

You are eligible to enroll in Mass Advantage if:

- You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
- You must be a United States citizen or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Mass Advantage service area counties). Our service area includes the following counties in Massachusetts: Worcester.

The Mass Advantage Plus (HMO) plan gives you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit www.MassAdvantage.com. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-network providers, neither Medicare nor Mass Advantage Plus (HMO) plan will be responsible for the costs.)

This Mass Advantage Plus (HMO) plan also includes Part D coverage, which provides you with the ease of having both your medical and prescription drug needs coordinated through a single convenient source. You can access information about how the coverage works, including covered drugs as well as coverage limitations on our website at www.MassAdvantage.com.

Mass Advantage Plus (HMO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	\$100 You must continue to pay your Medicare Part B premium.
Deductible	This plan does not have a deductible.
Pharmacy (Part D) Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility	\$3,450 for services you receive from in-network providers This is the most you will pay for copays, coinsurance, and other costs for Medicare-covered medical services, supplies, and Part B-covered medication for the plan year. What you pay out-of-pocket for Part D prescription drugs and certain supplemental benefits (dental, hearing aids) do not apply to this amount. Please refer to the Evidence of Coverage for more information.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Coverage*	Days 1-5: \$150 copay per day Days 6-beyond: \$0 copay per day
Outpatient Hospital Coverage*	Outpatient Hospital: \$150 copay per stay Observation Services: \$150 copay per stay
Ambulatory Surgical Center*	\$150 copay per visit
Doctor Visits*	Primary Care: \$0 copay per visit Specialist: \$20 copay per visit
Preventive Care	There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.
Emergency Care	\$90 copay per visit If you are admitted to the hospital within 24 hours, you do not have to pay your emergency care copay. Worldwide Emergency Coverage: \$120 copay per visit

Mass Advantage Plus (HMO)

Urgently Needed Services	\$0 copay per visit
Diagnostic Services/ Labs/Imaging*	Lab services: \$0 copay Diagnostic tests and procedures: \$0 copay Outpatient X-ray services: \$0 copay Diagnostic Radiology services (such as MRI, MRA, CT, PET): \$225 copay
Hearing Services	Routine and Hearing Aids services outlined below must be received from a NationsBenefits Hearing Health Care provider. <ul style="list-style-type: none"> • Routine hearing exam: \$0 copay (1 every calendar year) • Entry Hearing Aids: \$500 per hearing aid • Basic Hearing Aids: \$675 per hearing aid • Prime Hearing Aids: \$975 per hearing aid • Preferred Hearing Aids: \$1,275 per hearing aid • Advanced Hearing Aids: \$1,575 per hearing aid • Premium Hearing Aids: \$1,975 per hearing aid Limit of two hearing aids per calendar year, (one per ear). Medicare-covered Hearing care: \$40 copay for each Medicare-covered hearing care service if required for another medical procedure and deemed medically necessary by a physician.
Dental Services*	Preventive and Comprehensive dental services outlined below must be received from a DentaQuest provider. <p>Preventive dental services include the following: \$0 copay</p> <ul style="list-style-type: none"> • Oral exam (2 per calendar year) • Cleaning (2 per calendar year) • Fluoride treatment (2 per calendar year) • Dental X-rays (1 set per calendar year) <ul style="list-style-type: none"> ○ One vertical bitewing imaging, and one panoramic imaging is covered once every 36 months ○ Intraoral occlusal imaging is covered twice every 24 months

Mass Advantage Plus (HMO)

	<ul style="list-style-type: none">○ Intraoral-complete series is covered once every 36 months.● Comprehensive Oral exam is covered once every 36 months <p>Comprehensive dental services include the following: 20% coinsurance for each service outlined below</p> <ul style="list-style-type: none">● Diagnostic Services (1 per calendar year)● Restorative Services: (1 every two years)● Endodontics*● Periodontics (1 visit every three years)● Extractions*● Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services* <p>*You should review your Evidence of Coverage (EOC) for additional details and coverage limits.</p> <p>There is a maximum allowance of \$1,500 every calendar year; it applies to all comprehensive dental benefits. You are responsible for amounts beyond this limit.</p> <p>Medicare-covered Dental Care: \$20 copay for each Medicare-covered dental care service if required for another medical procedure and deemed medically necessary by a physician.</p>
Vision Services	<p>Routine and vision services outlined below must be received by an EyeQuest provider.</p> <ul style="list-style-type: none">● Routine eye exam: \$0 copay per visit (1 every calendar year)● \$200 allowance every calendar year to use towards the purchase of contact lenses, eyeglass lenses, and eyeglass frames. <p>Medicare-covered Vision Care: \$20 copay for each Medicare-covered eye exam related to the diagnosis and treatment of diseases and conditions of the eye.</p>

Mass Advantage Plus (HMO)

Mental Health Services*	<p>Outpatient group therapy: \$15 copay per visit</p> <p>Outpatient individual therapy: \$15 copay per visit</p> <p>Inpatient Mental Health Care:</p> <ul style="list-style-type: none"> • Days 1-5: \$200 per day • Days 6-90: \$0 per day
Skilled Nursing Facility (SNF)*	<p>Days 1-20: \$0 copay per day</p> <p>Days 21-51: \$75 copay per day</p> <p>Days 52-100: \$0 copay per day</p>
Outpatient Rehabilitation*	<p>Occupational therapy: \$0 copay per visit</p> <p>Speech and language therapy: \$0 copay per visit</p> <p>Physical therapy: \$0 copay per visit</p>
Ambulance*	<p>Ground Ambulance: \$200 copay (per one-way trip)</p> <p>Air Ambulance: \$200 copay (per one-way trip)</p> <p>If you are admitted to the hospital, you do not have to pay your ambulance services copay.</p>
Transportation*	<p>\$0 copay for 12 one-way rides per year for plan approved health-related locations.</p> <p>Members can use taxi, ridesharing, and medical transportation services under this benefit.</p>
Medicare Part B Drugs*	<p>Chemotherapy drugs: 15% coinsurance</p> <p>Other Part B drugs: 15% coinsurance</p>

Services with an * (asterisk) may require a referral and/or prior authorization from your doctor.

Mass Advantage Plus (HMO)

PART D PRESCRIPTION DRUGS

Deductible Stage

No deductible

Initial Coverage Stage

You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$4 copay	\$8 copay
Tier 3 (Preferred Brand)	\$47 copay Select Insulins: \$35** Part D Vaccines: \$0	\$94 copay Select Insulins: \$70**
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay
Tier 5 (Specialty)	33% coinsurance	33% coinsurance

Standard Mail Order

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$4 copay	\$8 copay
Tier 3 (Preferred Brand)	\$47 copay Select Insulins: \$35**	\$94 copay Select Insulins: \$70**
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay
Tier 5 (Specialty)	33% coinsurance	33% coinsurance

Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy.

**Select Insulins: Cost-sharing is applicable in the Initial Coverage, and Coverage Gap phases of the Part D benefit, and only apply to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.

Part D Vaccines: Cost-sharing of \$0 is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit.

Mass Advantage Plus (HMO)

<p>Coverage Gap Stage</p>	<p>You will continue to pay the Tier 1 and Tier 2 copay for drugs while in the coverage gap stage.</p> <p>For Tiers 3, 4, and 5 drugs: After you enter the coverage gap stage, you pay 25% of the plan's cost for covered brand name drugs (plus a portion of the dispensing fee) and 25% of the plan's cost for covered generic drugs until your costs total \$7,400 which is the end of the coverage gap.</p> <p>**Select Insulins: Cost-sharing is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit, and only applies to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.</p> <p>Part D Vaccines: Cost-sharing of \$0 is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit.</p>
<p>Catastrophic Stage</p>	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs, or • 5% of the cost
<p>ADDITIONAL BENEFITS</p>	
<p>Over-the-Counter (OTC) Items</p>	<p>You have \$100 every quarter to spend on plan approved OTC items. OTC items must be ordered through Convey Health Solutions.</p> <p>You are allowed to order once per quarter. Any unused money will carry over to the next quarter but will not carry over to the next benefit year.</p> <p>Please visit www.MassAdvantage.com to see the list of covered over-the counter items.</p>
<p>Chiropractic Care</p>	<p>Chiropractic Care (Medicare-covered): \$20 copay per visit</p>
<p>Telehealth Services</p>	<p>Primary Care Visits: \$0 copay per visit</p> <p>Specialist Visits: \$20 copay per visit</p> <p>Individual Sessions for Mental Health Specialty Services: \$0</p> <p>Individual Sessions for Outpatient Substance Abuse: \$0</p>

Mass Advantage Plus (HMO)

<p>Medical Equipment/Supplies*</p>	<p>Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance</p> <p>Prosthetics (e.g., braces, artificial limbs): 20% coinsurance</p> <p>Diabetic supplies:</p> <ul style="list-style-type: none"> • 0% coinsurance for Medicare-covered diabetic glucometer and supplies from a preferred manufacturer (Abbott and Lifescan) • 0% coinsurance for Medicare-covered therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease.
<p>Flex Card</p>	<p>Flex Card: \$500 every year</p> <p>The flex card is available to members to pay for:</p> <ul style="list-style-type: none"> • Eyewear • Fitness benefits • Weight management programs and services • Nutritional / dietary benefits • Parking: for qualified members with certain Chronic Conditions (SSBCI) there is an extra \$50 for parking <p>The flex card is preloaded with the full benefit amount and members choose where to use it. Members may pay a portion or the full cost of an item or buy a combination of items up to the allotted limit.</p> <p>Flex card is not eligible for cost sharing for covered benefits.</p> <p>The parking benefit mentioned above is part of a special supplemental program for the chronically ill. Not all members qualify.</p>

Services with an * (asterisk) may require a referral and/or prior authorization from your doctor.

For more information, please contact:

Mass Advantage
PO Box 830059
Birmingham AL 35283
www.MassAdvantage.com

This document is available in Spanish and in other formats such as large print, braille, audio, or other alternate formats.

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.

Current members should call: 1-844-918-0114 (TTY: 711)

Prospective members should call: 1-844-514-0674 (TTY: 711)

Calls to this number are free. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. EST. A messaging system is used after hours, weekends and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. For more information, call 1-844-918-0114 (TTY: 711).

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-918-0114. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-918-0114. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-918-0114。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-918-0114。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-918-0114. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-918-0114. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-918-0114 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-918-0114. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-918-0114 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-918-0114. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-918-0114**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-918-0114 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-918-0114. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-918-0114. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-918-0114. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-918-0114. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-918-0114** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



2023 Summary of Benefits

Mass Advantage Premiere (PPO)
H9904 001

January 1, 2023 – December 31, 2023

H9904_23632_M Accepted

INTRODUCTION TO SUMMARY OF BENEFITS

This booklet provides you with a summary of what we cover and the cost-sharing responsibilities. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at the number listed on the last page and ask for the "Evidence of Coverage" (EOC), or you may access the EOC on our website at www.MassAdvantage.com.

You are eligible to enroll in Mass Advantage if:

- You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
- You must be a United States citizen or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Mass Advantage service area counties). Our service area includes the following counties in Massachusetts: Worcester

With Mass Advantage Premiere (PPO) plan, you'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracting providers in our network. Either way, doctor visits, hospital stays, and many other services have a simple copayment, which helps make health care costs more predictable. You can see our plan's provider and pharmacy directory at our website at www.MassAdvantage.com.

This Mass Advantage Premiere (PPO) plan also includes Part D coverage, which provides you with the ease of having both your medical and prescription drug needs coordinated through a single convenient source. You can access information about how the coverage works, including covered drugs as well as coverage limitations on our website at www.MassAdvantage.com.

Mass Advantage Premiere (PPO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Deductible	This plan does not have a deductible.
Pharmacy (Part D) Deductible	\$250 deductible for Tiers 3, 4 and 5
Maximum Out-of-Pocket Responsibility	In-network: \$6,550 In-network and Out-of-network combined: \$11,300 This is the most you will pay for copays, coinsurance, and other costs for Medicare-covered medical services, supplies, and Part B-covered medication for the plan year. What you pay out-of-pocket for Part D prescription drugs and certain supplemental benefits (dental, hearing aids) do not apply to this amount. Please refer to the Evidence of Coverage for more information.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Coverage*	In-network: Days 1-5: \$350 copay per day Days 6-beyond: \$0 copay per day Out-of-network: 35% coinsurance per stay
Outpatient Hospital Coverage*	In-network: Outpatient Hospital: \$300 copay per stay Observation Services: \$300 copay per stay Out-of-network: 40% coinsurance per stay
Ambulatory Surgical Center*	In-network: \$300 copay per visit Out-of-network: 40% coinsurance per visit

Mass Advantage Premiere (PPO)

<p>Doctor Visits</p>	<p>In-network: Primary Care: \$0 copay per visit Specialist: \$45 copay per visit</p> <p>Out-of-network: Primary Care: \$0 copay per visit Specialist: \$65 copay per visit</p>
<p>Preventive Care</p>	<p>In-network and Out-of-network: There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.</p>
<p>Emergency Care</p>	<p>In-network and Out-of-network: \$90 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your emergency care copay.</p> <p>Worldwide Emergency Coverage: \$90 copay per visit</p>
<p>Urgently Needed Services</p>	<p>In-network and Out-of-network: \$40 copay per visit</p>
<p>Diagnostic Services/ Labs/Imaging*</p>	<p>In-network: Lab services: \$0 copay Diagnostic tests and procedures: \$20 copay Outpatient X-ray services: \$0 copay Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$150 copay</p> <p>Out-of-network: Lab services: 40% coinsurance Diagnostic tests and procedures: 40% coinsurance Outpatient X-ray services: 40% coinsurance Diagnostic Radiology services (such as, MRI, MRA, CT, PET): 40% coinsurance</p>

Mass Advantage Premiere (PPO)

Hearing Services

In-network:

Routine and Hearing Aids services outlined below must be received from a NationsBenefits Hearing Health Care provider.

- Routine hearing exam: \$0 copay (1 every calendar year)
- Entry Hearing Aids: \$500 per hearing aid
- Basic Hearing Aids: \$675 per hearing aid
- Prime Hearing Aids: \$975 per hearing aid
- Preferred Hearing Aids: \$1,275 per hearing aid
- Advanced Hearing Aids: \$1,575 per hearing aid
- Premium Hearing Aids: \$1,975 per hearing aid

Limit of 2 hearing aids per calendar year, (one per ear).

Medicare-covered Hearing care: \$45 copay for each Medicare-covered hearing care service if required for another medical procedure and deemed medically necessary by a physician.

Out-of-network:

Routine and Hearing Aids services outlined below must be received from a NationsBenefits Hearing Health Care provider.

- Routine hearing exam: \$65 copay (1 every calendar year)
- Hearing Aids: The same as in-network copays for the different types of hearing aids (as indicated above).

Medicare-covered Hearing care: \$65 copay for each Medicare-covered hearing care service if required for another medical procedure and deemed medically necessary by a physician.

Dental Services

In-network:

Preventive and Comprehensive dental services outlined below must be received from a DentaQuest provider.

Preventive Dental Services include the following: \$0 copay

- Oral exam (2 per calendar year)
- Cleaning (2 per calendar year)

Mass Advantage Premiere (PPO)

- Fluoride treatment (2 per calendar year)
- Dental X-rays (1 set per calendar year)
 - One vertical bitewing imaging, and one panoramic imaging is covered once every 36 months
 - Intraoral occlusal imaging is covered twice every 24 months
 - Intraoral-complete series is covered once every 36 months
- Comprehensive oral exam is covered once every 36 months

Comprehensive dental services include the following: 20% coinsurance for each service outlined below

- Diagnostic services (1 per calendar year)
- Restorative services (1 every two years)
- Endodontics*
- Periodontics (1 visit every three years)
- Extractions*
- Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services*

Medicare-covered Dental Care: \$45 copay for each Medicare-covered dental care service if required for another medical procedure and deemed medically necessary by a physician.

Out-of-network:

Preventive Dental Services include the following: 20% coinsurance for each service outlined below

- Oral exam (2 per calendar year)
- Cleaning (2 per calendar year)
- Fluoride treatment (2 per calendar year)
- Dental X-rays (1 set per calendar year)
 - One vertical bitewing imaging, and one panoramic imaging is covered once every 36 months
 - Intraoral occlusal imaging is covered twice every 24 months

Mass Advantage Premiere (PPO)

	<ul style="list-style-type: none"> ○ Intraoral-complete series is covered once every 36 months ● Comprehensive oral exam is covered once every 36 months <p>Comprehensive dental services include the following: 20% coinsurance for each service outlined below</p> <ul style="list-style-type: none"> ● Diagnostic services (1 per calendar year) ● Restorative services (1 every two years) ● Endodontics* ● Periodontics (1 visit every three years) ● Extractions* ● Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services* <p>*You should review your Evidence of Coverage (EOC) for additional details and coverage limits.</p> <p>Medicare-covered Dental Care: \$65 copay for each Medicare-covered dental care service if required for another medical procedure and deemed medically necessary by a physician.</p> <p>There is an in-network and out-of-network combined plan benefit maximum of \$2,000 each calendar year for comprehensive dental services.</p>
<p>Vision Services</p>	<p>In-network:</p> <p>Routine and vision services outlined below must be received by an EyeQuest provider.</p> <ul style="list-style-type: none"> ● Routine eye exam: \$0 copay per visit (up to 1 every calendar year) <p>Medicare-covered Vision Care: \$45 copay for each Medicare-covered eye exam related to the diagnosis and treatment of diseases and conditions of the eye.</p> <p>Out-of-network:</p> <p>Routine eye exam: \$65 copay per visit (up to 1 every calendar year)</p> <p>Medicare-covered Vision Care: \$65 copay for each Medicare-covered eye exam related to the diagnosis and treatment of diseases and conditions of the eye.</p>

Mass Advantage Premiere (PPO)

	\$200 combined in and out-of-network allowance every calendar year to use towards the purchase of contact lenses, eyeglass lenses, and eyeglass frames.
Mental Health Services*	<p>In-network:</p> <p>Outpatient group therapy: \$30 copay per visit</p> <p>Outpatient individual therapy: \$30 copay per visit</p> <p>Inpatient Mental Health Care:</p> <ul style="list-style-type: none"> • Days 1-5: \$350 per day • Days 6-90: \$0 per day <p>Out-of-network:</p> <p>Outpatient group therapy: 40% copay per visit</p> <p>Outpatient individual therapy: 40% copay per visit</p> <p>Inpatient Mental Health Care: 40% coinsurance per visit</p>
Skilled Nursing Facility (SNF)*	<p>In-network:</p> <p>Days 1-20: \$0 copay per day</p> <p>Day 21-51: \$196 copay per day</p> <p>Day 52-100: \$0 copay per day</p> <p>Out-of-network:</p> <p>20% coinsurance per day</p>
Outpatient Rehabilitation*	<p>In-network:</p> <p>Occupational therapy: \$30 copay per visit</p> <p>Speech and language therapy: \$30 copay per visit</p> <p>Physical therapy: \$30 copay per visit</p> <p>Out-of-network:</p> <p>Occupational therapy: \$65 copay per visit</p> <p>Speech and language therapy: \$65 copay per visit</p> <p>Physical therapy: \$65 copay per visit</p>

Mass Advantage Premiere (PPO)

<p>Ambulance*</p>	<p>In-network and Out-of-network:</p> <p>Ground Ambulance: \$275 copay (per one-way trip)</p> <p>Air Ambulance: \$275 copay (per one-way trip)</p> <p>If you are admitted to the hospital, you do not have to pay your ambulance services copay.</p>
<p>Transportation*</p>	<p>In-network and Out-of-network:</p> <p>\$0 copay for 6 one-way rides per year for plan approved health-related locations.</p> <p>Members can use taxi, ridesharing, and medical transportation services under this benefit.</p>
<p>Medicare Part B Drugs*</p>	<p>In-network and Out-of-network:</p> <p>Chemotherapy drugs: 20% coinsurance</p> <p>Other Part B drugs: 20% coinsurance</p>

Services with an * (asterisk) may require a referral and/or prior authorization from your doctor.

Mass Advantage Premiere (PPO)

PART D PRESCRIPTION DRUGS

Deductible Stage

Prescription Drug Deductible: \$250 deductible for Tiers 3, 4 and 5

**Select Insulins: Cost-sharing is applicable in the Initial Coverage, and Coverage Gap phases of the Part D benefit, and only apply to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.

Part D Vaccines: Cost-sharing of \$0 is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit

Initial Coverage Stage

You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$2 copay	\$4 copay
Tier 2 (Generic)	\$6 copay	\$12 copay
Tier 3 (Preferred Brand)	\$42 copay Select Insulins: \$35** Part D Vaccines: \$0	\$84 copay Select Insulins: \$70**
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay
Tier 5 (Specialty)	29% coinsurance	29% coinsurance

Standard Mail Order

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$2 copay	\$4 copay
Tier 2 (Generic)	\$6 copay	\$12 copay
Tier 3 (Preferred Brand)	\$42 copay Select Insulins: \$35**	\$84 copay Select Insulins: \$70**

Mass Advantage Premiere (PPO)

Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay
Tier 5 (Specialty)	29% coinsurance	29% coinsurance

Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy.

****Select Insulins:** Cost-sharing is applicable in the Initial Coverage, and Coverage Gap phases of the Part D benefit, and only apply to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.

Part D Vaccines: Cost-sharing of \$0 is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit

Coverage Gap Stage

You will continue to pay the Tier 1 and Tier 2 copay for drugs while in the coverage gap stage.

Tiers 3, 4, and 5 drugs: After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs (plus a portion of the dispensing fee) and 25% of the plan's cost for covered generic drugs until your costs total \$7,400 which is the end of the coverage gap.

****Select Insulins:** Cost-sharing is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit, and only applies to beneficiaries who are not eligible for Low Income Subsidy cost-sharing.

Part D Vaccines: Cost-sharing of \$0 is applicable in the Deductible, Initial Coverage, and Coverage Gap phases of the Part D benefit

Catastrophic Stage

After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:

- \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs, or
- 5% of the cost

Mass Advantage Premiere (PPO)

ADDITIONAL BENEFITS

<p>Over-the-Counter (OTC) Items</p>	<p>In-network and Out-of-network:</p> <p>You have \$50 every quarter to spend on plan approved OTC items. OTC items must be ordered through Convey Health Solutions.</p> <p>You are allowed to order once per quarter. Any unused money will carry over to the next quarter but will not carry over to the next benefit year.</p> <p>Please visit www.MassAdvantage.com to see the list of covered over-the counter items.</p>
<p>Chiropractic Care</p>	<p>In-network:</p> <p>Chiropractic Care (Medicare-covered): \$20 copay per visit</p> <p>Out-of-network:</p> <p>Chiropractic Care (Medicare-covered): \$65 copay per visit</p>
<p>Telehealth Services</p>	<p>In-network:</p> <p>Primary Care Visits: \$0 copay per visit</p> <p>Specialist Visits: \$45 copay per visit</p> <p>Individual Sessions for Mental Health Specialty Services: \$0</p> <p>Individual Sessions for Outpatient Substance Abuse: \$0</p> <p>Out-of-network:</p> <p>Not covered</p>
<p>Medical Equipment/Supplies*</p>	<p>In-network:</p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance</p> <p>Prosthetics (e.g., braces, artificial limbs): 20% coinsurance</p> <p>Diabetic supplies:</p> <ul style="list-style-type: none"> • 0% coinsurance for Medicare-covered diabetic monitoring supplies from a preferred manufacturer (Abbott and Lifescan) • 0% coinsurance for Medicare-covered therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease.

Mass Advantage Premiere (PPO)

	<p>Out-of-network:</p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen): 40% coinsurance</p> <p>Prosthetics (e.g., braces, artificial limbs): 40% coinsurance</p> <p>Diabetic supplies: 40% coinsurance</p>
Flex Card	<p>Flex Card: \$150 every year</p> <p>The flex card is available to members to pay for:</p> <ul style="list-style-type: none">• Eyewear• Fitness benefits• Weight management programs and services• Nutritional / dietary benefits <p>The flex card is preloaded with the full benefit amount and members choose where to use it. Members may pay a portion or the full cost of an item or buy a combination of items up to the allotted limit.</p> <p>Flex card is not eligible for cost sharing for covered benefits.</p>

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Prospective members should call: 1-844-514-0674 (TTY: 711)

Calls to this number are free. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. EST. A messaging system is used after hours, weekends and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. For more information, call 1-844-915-0234 (TTY: 711).

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-915-0234. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-915-0234. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-915-0234。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-915-0234。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-915-0234. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-915-0234. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-915-0234 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-915-0234. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-915-0234 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-915-0234. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-915-0234**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-915-0234 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-915-0234. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-915-0234. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-915-0234. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-915-0234. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-915-0234** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to Member Services at 1-844-918-0114 for HMO or 1-844-915-0234 for PPO (TTY: 711)

1 Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit <https://www.MassAdvantage.com> or call 1-844-918-0114 for HMO or 1-844-915-0234 for PPO (TTY: 711) to view a copy of the EOC.
 - Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
 - Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
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2 Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
 - Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
 - Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
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Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.